

Note: Some employee shares are adjusted by a penny to even numbers for payroll purposes.

City of Seattle Traditional Plan - 2011 Rates

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$921.95	\$921.95	\$921.95	\$940.39
City Share & RSR Contribution	\$921.95	\$889.61	\$0.00	\$0.00
Employee Deduction	\$0.00	\$32.34	\$921.95	\$940.39
LEOFF I (Non-Represented)	\$747.97	\$747.97	N/A	\$762.93
City Share & RSR Contribution	\$747.97	\$715.63		\$0.00
Employee Deduction	\$0.00	\$32.34		\$762.93
LEOFF II (Non-Represented)	\$921.95	\$921.95	N/A	\$940.39
City Share & RSR Contribution	\$921.95	\$889.61		\$0.00
Employee Deduction	\$0.00	\$32.34		\$940.39
SPMA (LEOFF I)	\$747.97	\$747.97	N/A	\$762.93
City Share & RSR Contribution	\$747.97	\$715.63		\$0.00
Employee Deduction	\$0.00	\$32.34		\$762.93
SPMA (LEOFF II)	\$921.95	\$921.95	N/A	\$940.39
City Share & RSR Contribution	\$921.95	\$889.61		\$0.00
Employee Deduction	\$0.00	\$32.34		\$940.39
Local 77	\$1,332.78	\$1,332.78	N/A	\$1,359.44
City Share	\$1,266.14	\$1,266.14		\$0.00
Employee Deduction	\$66.64	\$66.64		\$1,359.44
CME0	\$921.95	\$921.95		\$940.39
City Share	\$913.07	\$880.73		\$0.00
Employee Deduction	\$8.88	\$41.22		\$940.39
SPOG (LEOFF I)	\$952.24	\$952.24	N/A	\$971.28
City Share	\$904.62	\$904.62		\$0.00
Employee Deduction	\$47.62	\$47.62		\$971.28
SPOG (LEOFF II)	\$1,147.00	\$1,147.00	N/A	\$1,169.94
City Share	\$1,089.64	\$1,089.64		\$0.00
Employee Deduction	\$57.36	\$57.36		\$1,169.94
Fire Chiefs (LEOFF I)	\$747.97	\$747.97	N/A	\$762.93
City Share	\$747.97	\$635.77		\$0.00
Employee Deduction	\$0.00	\$112.20		\$762.93
Fire Chiefs (LEOFF II)	\$921.95	\$921.95	N/A	\$940.39
City Share	\$921.95	\$783.65		\$0.00
Employee Deduction	\$0.00	\$138.30		\$940.39

Note: Some employee shares are adjusted by a penny to even numbers for payroll purposes.

GROUP HEALTH STANDARD - 2011 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$910.43	\$910.43	\$910.43	\$928.64
City Share & RSR Contribution	\$862.03	\$810.53	\$0.00	\$0.00
Employee Deduction	\$48.40	\$99.90	\$910.43	\$928.64
LEOFF I (Non-Represented)	\$910.43	\$910.43	N/A	\$928.64
City Share & RSR Contribution	\$910.43	\$858.93		\$0.00
Employee Deduction	\$0.00	\$51.50		\$928.64
LEOFF II (Non-Represented)	\$910.43	\$910.43	N/A	\$928.64
City Share & RSR Contribution	\$862.03	\$810.53		\$0.00
Employee Deduction	\$48.40	\$99.90		\$928.64
SPMA (LEOFF I)	\$910.43	\$910.43	N/A	\$928.64
City Share & RSR Contribution	\$910.43	\$858.93		\$0.00
Employee Deduction	\$0.00	\$51.50		\$928.64
SPMA (LEOFF II)	\$910.43	\$910.43	N/A	\$928.64
City Share & RSR Contribution	\$862.03	\$810.53		\$0.00
Employee Deduction	\$48.40	\$99.90		\$928.64
Local 77	\$1,052.72	\$1,052.72	N/A	\$1,073.77
City Share	\$1,000.08	\$1,000.08		\$0.00
Employee Deduction	\$52.64	\$52.64		\$1,073.77
CMEO	\$910.43	\$910.43		\$928.64
City Share	\$861.69	\$810.19		\$0.00
Employee Deduction	\$48.74	\$100.24		\$928.64
SPOG (LEOFF I & II)	\$1,116.41	\$1,116.41	N/A	\$1,138.74
City Share	\$893.13	\$893.13		\$0.00
Employee Deduction	\$223.28	\$223.28		\$1,138.74
Fire Chiefs (LEOFF I)	\$910.43	\$910.43	N/A	\$928.64
City Share	\$910.43	\$773.88		\$0.00
Employee Deduction	\$0.00	\$136.55		\$928.64
Fire Chiefs (LEOFF II)	\$910.43	\$910.43	N/A	\$928.64
City Share	\$773.88	\$773.88		\$0.00
Employee Deduction	\$136.55	\$136.55		\$928.64

Note: Some employee shares are adjusted by a penny to even numbers for payroll purposes.

GROUP HEALTH – DEDUCTIBLE 2011 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$838.33	\$838.33	\$838.33	\$855.10
City Share & RSR Contribution	\$813.33	\$781.41	\$0.00	\$0.00
Employee Deduction	\$25.00	\$56.92	\$838.33	\$855.10
LEOFF I (Non-Represented)	\$838.33	\$838.33	N/A	\$855.10
City Share & RSR Contribution	\$838.33	\$806.41		\$0.00
Employee Deduction	\$0	\$31.92		\$855.10
LEOFF II (Non-Represented)	\$838.33	\$838.33	N/A	\$855.10
City Share & RSR Contribution	\$813.33	\$781.41		\$0.00
Employee Deduction	\$25.00	\$56.92		\$855.10
SPMA (LEOFF I)	\$838.33	\$838.33	N/A	\$855.10
City Share & RSR Contribution	\$838.33	\$806.41		\$0.00
Employee Deduction	\$0	\$31.92		\$855.10
SPMA (LEOFF II)	\$838.33	\$838.33	N/A	\$855.10
City Share & RSR Contribution	\$813.33	\$781.41		\$0.00
Employee Deduction	\$25.00	\$56.92		\$855.10
Local 77	N/A	N/A	N/A	N/A
CMEO	\$838.33	\$838.33		\$855.10
City Share	\$813.01	\$781.09		\$0.00
Employee Deduction	\$25.32	\$57.24		\$855.10
SPOG (LEOFF I & II)	\$823.78	\$823.78	N/A	\$840.26
City Share	\$782.60	\$782.60		\$0.00
Employee Deduction	\$41.18	\$41.18		\$840.26
Fire Chiefs (LEOFF I)	\$838.33	\$838.33	N/A	\$855.10
City Share	\$838.33	\$712.59		\$0.00
Employee Deduction	\$0	\$125.74		\$855.10
Fire Chiefs (LEOFF II)	\$838.33	\$838.33	N/A	\$855.10
City Share	\$712.59	\$712.59		\$0.00
Employee Deduction	\$125.74	\$125.74		\$855.10

Note: Some employee shares are adjusted by a penny to even numbers for payroll purposes.

CITY OF SEATTLE PREVENTIVE PLAN 2011 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$1,019.26	\$1,019.26	\$1,019.26	\$1,039.65
City Share & RSR Contribution	\$971.14	\$920.76	\$0.00	\$0.00
Employee Deduction	\$48.12	\$98.50	\$1,019.26	\$1,039.65
LEOFF I (Non-Represented)	\$1,019.26	\$1,019.26	N/A	\$1,039.65
City Share & RSR Contribution	\$1,019.26	\$968.88		\$0.00
Employee Deduction	\$0.00	\$50.38		\$1,039.65
LEOFF II (Non-Represented)	\$1,019.26	\$1,019.26	N/A	\$1,039.65
City Share & RSR Contribution	\$971.14	\$920.76		\$0.00
Employee Deduction	\$48.12	\$98.50		\$1,039.65
SPMA (LEOFF I)	\$1,019.26	\$1,019.26	N/A	\$1,039.65
City Share & RSR Contribution	\$1,019.26	\$968.88		\$0.00
Employee Deduction	\$0.00	\$50.38		\$1,039.65
SPMA (LEOFF II)	\$1,019.26	\$1,019.26	N/A	\$1,039.65
City Share & RSR Contribution	\$971.14	\$920.76		\$0.00
Employee Deduction	\$48.12	\$98.50		\$1,039.65
Local 77	\$1,315.47	\$1,315.47	N/A	\$1,341.78
City Share	\$1,249.71	\$1,249.71		\$0.00
Employee Deduction	\$65.76	\$65.76		\$1,341.78
CMEO	\$1,019.26	\$1,019.26	N/A	\$1,039.65
City Share	\$962.66	\$912.28		\$0.00
Employee Deduction	\$56.60	\$106.98		\$1,039.65
SPOG (LEOFF I & II)	\$1,287.98	\$1,287.98	N/A	\$1,313.74
City Share	\$1,223.58	\$1,223.58		\$0.00
Employee Deduction	\$64.40	\$64.40		\$1,313.74
Fire Chiefs (LEOFF I)	\$1,019.26	\$1,019.26	N/A	\$1,039.65
City Share	\$1,019.26	\$866.38		\$0.00
Employee Deduction	\$0.00	\$152.88		\$1,039.65
Fire Chiefs (LEOFF II)	\$1,019.26	\$1,019.26	N/A	\$1,039.65
City Share	\$866.38	\$866.38		\$0.00
Employee Deduction	\$152.88	\$152.88		\$1,039.65

Note: Some employee shares are adjusted by a penny to even numbers for payroll purposes.

WASHINGTON DENTAL SERVICE 2011 RATES
(Fully Paid City Dental Premiums Unless Otherwise Noted)

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$134.32	\$134.32	\$134.32	\$137.01
City Share	\$134.32	\$134.32	\$0.00	\$0.00
Employee Deduction	\$0.00	\$0.00	\$134.32	\$137.01
LEOFF I & II (Non-Represented)	\$134.32	\$134.32	N/A	\$137.01
City Share	\$134.32	\$134.32		\$0.00
Employee Deduction	\$0.00	\$0.00		\$137.01
SPMA (LEOFF I & II)	\$134.32	\$134.32	N/A	\$137.01
City Share	\$134.32	\$134.32		\$0.00
Employee Deduction	\$0.00	\$0.00		\$137.01
Local 77	\$144.82	\$144.82	N/A	\$147.72
City Share	\$144.82	\$144.82		\$0.00
Employee Deduction	\$0.00	\$0.00		\$147.72
CMEO	\$134.32	\$134.32		\$137.01
City Share	\$134.32	\$134.32	N/A	\$0.00
Employee Deduction	\$0.00	\$0.00		\$137.01
SPOG (LEOFF I & II)	\$146.04	\$146.04	N/A	\$148.96
City Share	\$146.04	\$146.04		\$0.00
Employee Deduction	\$0.00	\$0.00		\$148.96
Fire Chiefs (LEOFF I & II)	\$134.32	\$134.32	N/A	\$137.01
City Share	\$114.18	\$114.18		\$0.00
Employee Deduction	\$20.14	\$20.14		\$137.01

Note: Some employee shares are adjusted by a penny to even numbers for payroll purposes.

Dental Health Services 2011 RATES
(Fully Paid City Dental Premiums Unless Otherwise Noted)

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$133.99	\$133.99	\$133.99	\$136.67
City Share	\$133.99	\$133.99	\$4.34	\$0.00
Employee Deduction	\$0.00	\$0.00	\$129.65	\$136.67
LEOFF I & II (Non-Represented)	\$133.99	\$133.99	N/A	\$136.67
City Share	\$133.99	\$133.99		\$0.00
Employee Deduction	\$0.00	\$0.00		\$136.67
SPMA (LEOFF I & II)	\$133.99	\$133.99	N/A	\$136.67
City Share	\$133.99	\$133.99		\$0.00
Employee Deduction	\$0.00	\$0.00		\$136.67
Local 77	\$154.87	\$154.87	N/A	\$157.97
City Share	\$154.87	\$154.87		\$0.00
Employee Deduction	\$0.00	\$0.00		\$157.97
CMEO	\$133.99	\$133.99	N/A	\$136.67
City Share	\$133.99	\$133.99		\$0.00
Employee Deduction	\$0.00	\$0.00		\$136.67
SPOG (LEOFF I & II)	\$157.28	\$157.28	N/A	\$160.43
City Share	\$157.28	\$157.28		\$0.00
Employee Deduction	\$0.00	\$0.00		\$160.43
Fire Chiefs (LEOFF I & II)	\$133.99	\$133.99	N/A	\$136.67
City Share	\$113.89	\$113.89		\$0.00
Employee Deduction	\$20.10	\$20.10		\$136.67

Note: Some employee shares are adjusted by a penny to even numbers for payroll purposes.

VISION SERVICE PLAN 2011 RATES
(Fully Paid City Vision Premiums Unless Otherwise Noted)

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$8.68	\$8.68	\$8.68	\$8.85
City Share	\$8.68	\$8.68	\$0.00	\$0.00
Employee Deduction	\$0.00	\$0.00	\$8.68	\$8.85
LEOFF I & II (Non-Represented)	\$8.68	\$8.68	\$8.68	\$8.85
City Share	\$8.68	\$8.68	\$0.00	\$0.00
Employee Deduction	\$0.00	\$0.00	\$8.68	\$8.85
SPMA (LEOFF I & II)	\$8.68	\$8.68	N/A	\$8.85
City Share	\$8.68	\$8.68		\$0.00
Employee Deduction	\$0.00	\$0.00		\$8.85
Local 77	\$11.25	\$11.25	N/A	\$11.48
City Share	\$11.25	\$11.25		\$0.00
Employee Deduction	\$0.00	\$0.00		\$11.48
CMEO	\$8.68	\$8.68	N/A	\$8.85
City Share	\$8.68	\$8.68		\$0.00
Employee Deduction	\$0.00	\$0.00		\$8.85
SPOG (LEOFF I & II)	\$27.35	\$27.35	N/A	\$27.90
City Share	\$27.35	\$27.35		\$0.00
Employee Deduction	\$0.00	\$0.00		\$27.90
Fire Chiefs (LEOFF I & II)	\$8.68	\$8.68	N/A	\$8.85
City Share	\$7.38	\$7.38		\$0.00
Employee Deduction	\$1.30	\$1.30		\$8.85

Note: Some employee shares are adjusted by a penny to even numbers for payroll purposes.

2011 MONTHLY PREMIUM RATES FOR TEMPORARY & INTERMITTENT EMPLOYEES	
Traditional/Washington Dental Service/ VSP	\$1,064.95
Preventive/Washington Dental Service/VSP	\$1,162.26
Group Health - Standard/Washington Dental Service/VSP	\$1,053.43
Group Health - Deductible/Washington Dental Service/VSP	\$981.33
Traditional/Dental Health Services/VSP	\$1,064.62
Preventive/Dental Health Services/VSP	\$1,161.93
Group Health - Standard/Dental Health Services/VSP	\$1,053.10
Group Health - Deductible/Dental Health Services/VSP	\$981.00

DOMESTIC PARTNER HEALTH INSURANCE 2011 MONTHLY TAXABLE VALUES				
Most City Employees	Medical	WDS Dental	Vision	Total
Preventive - Domestic Partner	\$445.03	\$58.04	\$3.75	\$506.82
Traditional - Domestic Partner	\$415.77	\$58.04	\$3.75	\$477.56
Group Health Standard - Domestic Partner	\$418.46	\$58.04	\$3.75	\$480.25
Group Health Deductible - Domestic Partner	\$400.83	\$58.04	\$3.75	\$462.62
Preventive - Child	\$198.16	\$34.82	\$2.25	\$235.23
Traditional - Child	\$179.25	\$34.82	\$2.25	\$216.32
Group Health Standard - Child	\$187.99	\$34.82	\$2.25	\$225.06
Group Health Deductible - Child	\$173.10	\$34.82	\$2.25	\$210.17
Most City Employees	Medical	DHS Dental	Vision	Total
Preventive - Domestic Partner	\$445.03	\$57.90	\$3.75	\$506.68
Traditional - Domestic Partner	\$415.77	\$57.90	\$3.75	\$477.42
Group Health Standard - Domestic Partner	\$418.46	\$57.90	\$3.75	\$480.11
Group Health Deductible - Domestic Partner	\$400.83	\$57.90	\$3.75	\$462.48
Preventive - Child	\$198.16	\$37.74	\$2.25	\$238.15
Traditional - Child	\$179.25	\$37.74	\$2.25	\$219.24
Group Health Standard - Child	\$187.99	\$37.74	\$2.25	\$227.98
Group Health Deductible - Child	\$173.10	\$37.74	\$2.25	\$213.09

**DOMESTIC PARTNER HEALTH INSURANCE
2011 MONTHLY TAXABLE VALUES**

Note: Some employee shares are adjusted by a penny to even numbers for payroll purposes.

Seattle Police Officers' Guild Employees	Medical	WDS Dental	Vision	Total
Preventive - Domestic Partner	\$626.02	\$63.10	\$11.82	\$700.94
Traditional - Domestic Partner	\$557.50	\$63.10	\$11.82	\$632.42
Group Health Standard - Domestic Partner	\$576.29	\$63.10	\$11.82	\$651.21
Group Health Deductible - Domestic Partner	\$425.24	\$63.10	\$11.82	\$500.16
Preventive - Child	\$250.41	\$37.86	\$7.09	\$295.36
Traditional - Child	\$223.00	\$37.86	\$7.09	\$267.95
Group Health Standard - Child	\$230.52	\$37.86	\$7.09	\$275.47
Group Health Deductible - Child	\$170.09	\$37.86	\$7.09	\$215.04
Seattle Police Officers' Guild Employees	Medical	DHS Dental	Vision	Total
Preventive - Domestic Partner	\$626.02	\$67.97	\$11.82	\$705.81
Traditional - Domestic Partner	\$557.50	\$67.97	\$11.82	\$637.29
Group Health Standard - Domestic Partner	\$576.29	\$67.97	\$11.82	\$656.08
Group Health Deductible - Domestic Partner	\$425.24	\$67.97	\$11.82	\$505.03
Preventive - Child	\$250.41	\$40.78	\$7.09	\$298.28
Traditional - Child	\$223.00	\$40.78	\$7.09	\$270.87
Group Health Standard - Child	\$230.52	\$40.78	\$7.09	\$278.39
Group Health Deductible - Child	\$170.09	\$40.78	\$7.09	\$217.96

**DOMESTIC PARTNER HEALTH INSURANCE
2011 MONTHLY TAXABLE VALUES**

Local 77 Employees	Medical	WDS Dental	Vision	Total
Preventive - Domestic Partner	\$639.38	\$62.57	\$4.86	\$706.81
Traditional - Domestic Partner	\$647.80	\$62.57	\$4.86	\$715.23
Group Health Standard - Domestic Partner	\$543.41	\$62.57	\$4.86	\$610.84
Preventive - Child	\$255.75	\$37.54	\$2.92	\$296.21
Traditional - Child	\$259.12	\$37.54	\$2.92	\$299.58
Group Health Standard - Child	\$217.37	\$37.54	\$2.92	\$257.83
Local 77 employees	Medical	DHS Dental	Vision	Total
Preventive - Domestic Partner	\$639.38	\$66.93	\$4.86	\$711.17
Traditional - Domestic Partner	\$647.80	\$66.93	\$4.86	\$719.59
Group Health Standard - Domestic Partner	\$543.41	\$66.93	\$4.86	\$615.20
Preventive - Child	\$255.75	\$40.16	\$2.92	\$298.83
Traditional - Child	\$259.12	\$40.16	\$2.92	\$302.20
Group Health Standard - Child	\$217.37	\$40.16	\$2.92	\$260.45

**DOMESTIC PARTNER HEALTH INSURANCE
2011 MONTHLY TAXABLE VALUES**

Note: Some employee shares are adjusted by a penny to even numbers for payroll purposes.

Fire Chiefs (LEOFF 1)	Medical	WDS Dental	Vision	Total
Preventive - Domestic Partner	\$342.53	\$58.04	\$3.75	\$404.32
Traditional - Domestic Partner	\$335.91	\$58.04	\$3.75	\$397.70
Group Health Standard - Domestic Partner	\$333.41	\$58.04	\$3.75	\$395.20
Group Health Deductible - Domestic Partner	\$307.01	\$58.04	\$3.75	\$368.80
Preventive - Child	\$198.16	\$34.82	\$2.25	\$235.23
Traditional - Child	\$179.25	\$34.82	\$2.25	\$216.32
Group Health Standard - Child	\$187.99	\$34.82	\$2.25	\$225.06
Group Health Deductible - Child	\$173.10	\$34.82	\$2.25	\$210.17
Fire Chiefs (LEOFF 1)	Medical	DHS Dental	Vision	Total
Preventive - Domestic Partner	\$342.53	\$57.90	\$3.75	\$404.18
Traditional - Domestic Partner	\$335.91	\$57.90	\$3.75	\$397.56
Group Health Standard - Domestic Partner	\$333.41	\$57.90	\$3.75	\$395.06
Group Health Deductible - Domestic Partner	\$307.01	\$57.90	\$3.75	\$368.66
Preventive - Child	\$198.16	\$34.74	\$2.25	\$235.15
Traditional - Child	\$179.25	\$34.74	\$2.25	\$216.24
Group Health Standard - Child	\$187.99	\$34.74	\$2.25	\$224.98
Group Health Deductible - Child	\$173.10	\$34.74	\$2.25	\$210.09
Fire Chiefs (LEOFF 2)	Medical	WDS Dental	Vision	Total
Preventive - Domestic Partner	\$495.41	\$58.04	\$3.75	\$557.20
Traditional - Domestic Partner	\$448.11	\$58.04	\$3.75	\$509.90
Group Health Standard - Domestic Partner	\$469.96	\$58.04	\$3.75	\$531.75
Group Health Deductible - Domestic Partner	\$432.75	\$58.04	\$3.75	\$494.54
Preventive - Child	\$198.16	\$34.82	\$2.25	\$235.23
Traditional - Child	\$179.25	\$34.82	\$2.25	\$216.32
Group Health Standard - Child	\$187.99	\$34.82	\$2.25	\$225.06
Group Health Deductible - Child	\$173.10	\$34.82	\$2.25	\$210.17
Fire Chiefs (LEOFF 2)	Medical	DHS Dental	Vision	Total
Preventive - Domestic Partner	\$495.41	\$57.90	\$3.75	\$557.06
Traditional - Domestic Partner	\$448.11	\$57.90	\$3.75	\$509.76
Group Health Standard - Domestic Partner	\$469.96	\$57.90	\$3.75	\$531.61
Group Health Deductible - Domestic Partner	\$432.75	\$57.90	\$3.75	\$494.40
Preventive - Child	\$198.16	\$34.74	\$2.25	\$235.15
Traditional - Child	\$179.25	\$34.74	\$2.25	\$216.24
Group Health Standard - Child	\$187.99	\$34.74	\$2.25	\$224.98
Group Health Deductible - Child	\$173.10	\$34.74	\$2.25	\$210.09

Note: Some employee shares are adjusted by a penny to even numbers for payroll purposes.

2011 RATES

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE Hartford Insurance Company	
Monthly Premium: Fully paid by employee	
Employee Only Coverage:	\$0.02 per \$1,000 of Benefit
Employee & Family Coverage:	\$0.03 per \$1,000 of Benefit

GROUP TERM LIFE INSURANCE Standard Insurance Company				
Basic Coverage: Monthly Premium: \$0.11 per \$1,000 of benefit				
City Share:	\$0.044			
Employee Deduction:	\$0.066			
Supplemental Coverage: Monthly Premium per \$1,000 of coverage				
	Age	Premium	Age	Premium
	0 - 29	\$0.032	50 - 54	\$0.232
	30 - 34	\$0.048	55 - 59	\$0.360
	35 - 39	\$0.064	60 - 64	\$0.552
	40 - 44	\$0.090	65+	\$0.960
	45 - 49	\$0.152		

LONG TERM DISABILITY INSURANCE Standard Insurance Company	
Non-Uniformed Employees Plan Monthly Premium:	
City-Paid Basic Coverage:	.42% of first \$667 of insured earnings
Employee-Paid Optional Coverage:	.75% of next \$7,666 of insured earnings

EMPLOYEE ASSISTANCE PROGRAM: 2011 cost: \$20.76 per Budgeted Position